Squamous Carcinoma of the Vulva in a Developing Community

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Abstract

A recent paper surveyed the management of patients with vulvar cancer. According to the authors, clinical management of these patients implies several challenges because it is a rare disease of elderly women with a median age of 65-70 and an increasing incidence between 1973 and 2000. Therefore, this paper, which deals with patients of the Igbo Ethnic Group in Nigeria, is from 1970 to 2000. Moreover, seeing that a British group considered that establishment of a histopathology data pool helps in epidemiologic analysis, the present analysis is being attempted by the pioneer pathologist of such a data pool established by the Government of the Eastern Region of Nigeria during the same period. The findings are worthy of documentation such as the comparability with the right-sidedness of ovarian ruptured cysts.

Keywords: Vulva; Squamous carcinoma; Data pool; Igbos; Nigeria

Introduction

It is of great interest that Woelber’s associates [1] recently published a perspective review of the management of patients with vulvar cancer. Among their findings were that the disease attacks elderly women whose median age is 65-70, the disease probably showing an increase in incidence between 1973 and 2000. Accordingly, since the writer followed the suggestion of a Birmingham (UK) group that a histopathology data pool facilitates epidemiological analysis [2], it was relatively easy as the local pioneer pathologist to be able to conduct such an analysis among my own people, the Igbos of Nigeria [3]. Indeed, having researched among them in such subjects as vulval epidermoid cysts [4], uterine cervical carcinoma [5], and vulvovaginal metastases in choriocarcinoma [6], the vulvar squamous carcinoma itself beckoned!

Materials and Methods

Between 1970 and 2000, local practitioners in different hospitals were encouraged to submit biopsy specimens in formol-fixative with adequate clinical details. As the author kept his own copy of the reports, private analysis was relatively easy and results obtainable.

Results

There were 55 patients (Table 1). As many as 34 physicians submitted the specimens. Out of these, individual single submissions occurred 26 times, while eight sent in between 2 and 7 cases. The busiest was an Irish nun working in a Missionary Hospital in the hinterlands. Enugu, the municipal capital, was the source of 26 cases, being followed by Afikpo (9 cases). There were 16 other towns responsible mostly for the single specimens, while up to 4 were from Owerri town. As regards the duration of the illness, up to 13 patients turned up within the first year. The others ranged from 2 to 7 years. Parity was of interest. Surprisingly, it was not supplied by 7 physicians. While there was a single menopausal patient, the commonest figure was 11 during the 6th decade.

Concerning the symptoms, ulceration preponderated in 24 cases, followed by bleeding in 12. Others were a few cases of pruritus, discharge, pain, smelling, and weight loss. All patients complained of some swelling. The physicians themselves wrote in specific terms such as fungating, 8 cases; cauliflower, 4; huge, 3; craggy, 2; and exophytic, punched out, very friable, and giant, 1 each. In keeping with the prevailing underdevelopment, it was mentioned in one patient that the incision of the mass by the so called “native doctor” would not heal! In contrast, a sophisticated patient was
described as being very secretive and probably a defaulter who did not give details that would help to trace previous findings!

Table 1: Age distribution.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;40</td>
<td>9</td>
</tr>
<tr>
<td>41-50</td>
<td>16</td>
</tr>
<tr>
<td>51-60</td>
<td>22</td>
</tr>
<tr>
<td>61-70</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
</tr>
</tbody>
</table>

Discussion

Jean Doyen’s associates [7] provided some representative dermatoses found throughout lifetime and included “Paget’s disease, although rare, is also described especially because of the challenge it represents both clinically and therapeutically.” However, it did not occur in this series in which there were 3 cases of carcinoma-in-situ. In this context, Pipkin [8] included the erosive disease of the vulva, e.g., the neoplastic processes among which is the estrogen status. In the present study, the menopausal status thrusts itself forward as the saying goes! In the present cohort, it was expressly stated in 33 (60%) of the total 55 cases. This is certainly in keeping with worldwide experience. Lastly, it was a matter for surprise that some data were missing. Thus, the side affected was not always stated. Here, 3 patients had bilateral involvement, whereas 14 were right-sided and 8 were left-sided. I wonder if this right preponderance is as noteworthy as in my previous contribution elsewhere [9].

References